

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 16 / 2016</b>	
Mailing Address <b>2200 WILSON BLVD.</b> <b>STE. 102-533</b>		Amount <b>1000.00</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	Transaction ID : <b>SE24.599</b>
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 16 / 2016</b>
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2108171.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 17 / 2016</b>	
Mailing Address <b>2200 WILSON BLVD.</b> <b>STE. 102-533</b>		Amount <b>250.00</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	Transaction ID : <b>SE24.601</b>
Purpose of Expenditure <b>EMAIL MARKETING EXPENSE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 12 / 2016</b>
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2108171.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1250.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Thomas F. Maxwell III*

[Electronically Filed]

Date

 MM / DD / YYYY  
**05 / 18 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Conservative Connector, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 17 / 2016</b>	
Mailing Address <b>190 Monroe Avenue</b> <b>Ste. 500</b>		Amount <b>28.58</b>	
City <b>Grand Rapids</b>	State <b>MI</b>	Zip Code <b>49503</b>	Transaction ID : <b>SE24.001</b>
Purpose of Expenditure <b>EMAIL MARKETING EXPENSE (Estimate)</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2108171.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>I360</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 18 / 2016</b>	
Mailing Address <b>PO BOX 37046</b>		Amount <b>2457.51</b>	
City <b>BALTIMORE</b>	State <b>MD</b>	Zip Code <b>21297</b>	Transaction ID : <b>SE24.614</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 17 / 2016</b>
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2108171.88</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2486.09</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>PRESSTIGE PRINTING</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 18 / 2016</b>	
Mailing Address <b>10940 HARMONY PARK DRIVE</b>		Amount <b>49101.80</b>	
City <b>BONITA SPRINGS</b>	State <b>FL</b>	Zip Code <b>34135</b>	Transaction ID : <b>SE24.610</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 17 / 2016</b>	
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>PRESSTIGE PRINTING</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 18 / 2016</b>	
Mailing Address <b>10940 HARMONY PARK DRIVE</b>		Amount <b>13835.00</b>	
City <b>BONITA SPRINGS</b>	State <b>FL</b>	Zip Code <b>34135</b>	Transaction ID : <b>SE24.002</b>
Purpose of Expenditure <b>DIRECT MAIL EXPENSE (Estimate)</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>RUSSELL FEINGOLD</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>62936.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>66672.89</b>

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Thomas F. Maxwell III

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